

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

A. Full Name (Last, First, Middle Initial)

MR. JOHN T. TOLSMA

Mailing Address 5312 TURTLE POINT LN

City	State	Zip Code
KNOXVILLE	TN	37919-9339

FEC ID number of contributing federal political committee.

C

Name of Employer
KNOWLEDGE LAUNCH, LLC

Occupation
CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Transaction ID : SA17.151257

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2015

CONTRIBUTION

Amount of Each Receipt this Period

5400.00

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

B. Full Name (Last, First, Middle Initial)

MR. DANIEL E. TOMAI

Mailing Address 101 OCEANIC AVE

City	State	Zip Code
STATEN ISLAND	NY	10312-6513

FEC ID number of contributing federal political committee.

C

Name of Employer
SIGNATURE CONSTRUCTION GROUP

Occupation
CONSTRUCTION

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.149888

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)

MR. DONALD TOMASSO

Mailing Address 9508 PURCELL DR

City	State	Zip Code
POTOMAC	MD	20854-4542

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.132828

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		05		2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....

8350.00

Total This Period (last page this line number only).....